

(1) PLACE OF BIRTH

County of Lexington
 Township of Platt Springs
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. For State Registrar Only

Registration District No. #2110Registered No. 4
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Vernie Pound If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet L (5) Number in order of birth L (6) Age Parents Married Yes (7) DATE OF BIRTH Feb 5, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Pound
 (9) PRESENT POSTOFFICE OF FATHER Gaston SC
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Year)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 6

MOTHER.

(15) NAME BEFORE MARRIAGE Mabel Lucas
 (16) PRESENT POSTOFFICE OF MOTHER Gaston SC
 (17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 23 (Year)
 (19) BIRTHPLACE SC
 (20) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P.M. on the date above stated.
(Born alive or stillborn) Hour A. M. or P. M.)(23) (Signature) Mrs. G. G. Horse

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Gaston SC

Give name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 6, 1923(28) J. M. J. Fallam Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return if a child breathes even once. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.